

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914889

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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29							79						
30							80						
31							81						
32	1						82						
33							83						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	2						TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL	23						TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL	35						TOTAL						
IND.							IND.						
DEP.							DEP.						